



HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

FORM ORG

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(To be filed by organizations, employing organizations and individuals
other than registered lobbyists)

HAWAII STATE ETHICS COMMISSION
1001 Bishop Street, ASB Tower Suite 970
Honolulu, Hawaii 96813
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STATE OF HAWAII
ETHICS COMMISSION

For lobbying reporting period:
☒ January 1 - last day of February
☐ March 1 - April 30
☐ May 1 - December 31
Year of Report 20 05

Contact person Dayton M. Nakanelua Phone (808) 847-2631
Organization United Public Workers, AFSCME, Local 646, AFL-CIO
Mailing address 1426 North School Street
Honolulu, HI 96817

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement
period was: \$ 2869.15

EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials		7. Entertainment	
2. Media advertising		8. Food & beverages	
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage		10. Loans	
5. Compensation paid to lobbyists		11. Other disbursements	
6. Fees (other than to lobbyists)	2869.15	TOTAL EXPENDITURES	2869.15

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Scott H. Dunn	770 Kapiolani Blvd., Suite 614, Honolulu, HI 96813	2354.15
Clifford T. Uwaine	1426 North School Street	80.38
Dayton M. Nakanelua	1426 North School Street	434.62

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EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address

Amount or value

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address

Amount or value

PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable

☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address

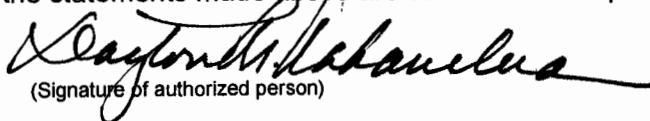
Amount or value

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	

I hereby certify that the statements made above are correct and complete to the best of my knowledge


(Signature of authorized person)

(Date) 3/28/05

Name of authorized person (type or print)

Title of authorized person